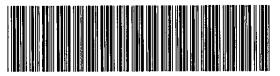
L14000054585

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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JUL 27 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 718290 8052638								
AUTHORIZATION : Spelle le man								
COST LIMIT : (\$ 25.00								
ORDER DATE : July 21, 2015								
ORDER TIME : 9:23 AM								
ORDER NO. : 718290-015								
CUSTOMER NO: 8052638								
CHANGE OF AGENT								
NAME: FALLING WATER VENTURES, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Courtney Williams EXT# 62935								
EXAMINER:								

COVER LETTER TO: Registration Section Division of Corporations FALLING WATER VENTURES, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Edward Alexander Santos Name of Person Falling Water Ventures, LLC Firm/Company 189 S. Orange Ave Ste. 1950 Address Orlando, Florida 32801 City/State and Zip Code AlexSantos@fallingwaterventures.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 232-5992 Edward Alexander Santos Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: FALLING WATE	R VENT	TURES, LL	С			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 189 S. Orange Ave Ste. 1950	(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 189 S. Orange Ave Ste. 1950				
		Orlando, Florida 32801	_	Orlando, Florida 32801				
3.		04/03/2014 Date of filing/registration in Florida	 4,	L1400005	54989 Document numbe			
٠.			٦,		Document numbe	.1		
5.	(a)				-			
		Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State	e:			
		150 SPARTAN DRIVE, SUITE 100			_			
		Registered Office Address (MUST BE FLORIDA STREET A	<u>ADDRESS</u>	<u> </u>	_	SECA	15	
		MAITLAND , FL	32751		_	SVH	JUL 24	्री १५ के १५ टाइम्ब्रोम
	(b)	Corporation Service Company			_	CRETARY OF STATE	h AH	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:		HOTA VIS	7:5	. Access
		1201 Hays Street				ĒH	9	
		NEW Registered Office Address:			_	_n.*		
					-			
		Tallahassee , FL	32301		-			
the age	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	stered office mpany, it is ited liabilit	e and the business s hereby confirmed y company or as of	office of	the re	egistered ge(s)
		Olex Santos	Edw	ard Alexan				
		ture of a member or authorized representative of a member			Printed or typed nam	_		
pre the to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h d'in writing of this change.	ee to act perform d for in C iereby co	ance of my c Chapter 605 Onfirm that	acity. I further ag duties, and I am fa 5, F.S. Or, if this d the limited liability Dourtney Willia	miliar w locumeni y compai	mply ith an is bei ny has	with the d accept ng filed been
		re of Registered Agent Corporation Service Company	BY:	A	sst. Vice Presi	dent		